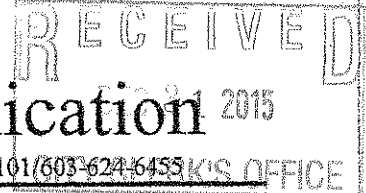




Municipal Banner Application 2015

Office of the City Clerk, One City Hall Plaza, Manchester, NH 03101/603-624-6453



Event: Manchester Monarchs
Pink in the Rink Event Date: Feb 6th 2016
Sponsoring Organization: Manchester Monarchs & Catholic Medical Center
Contact Person for Event: Mackenzie Fraser
Contact's Phone #: 603 624-7825 Cell Email: mfraser@manchestermonarchs.com
Time period requested: Jan 25 - Feb 7
Number of cross-street banners (max of 2 at any given time): 1

Office Use Only

Date Received: 12/31/15
Committee Review: _____
Committee Action: _____
Insurance Carrier: ✓
Fee Submitted: ✓

BANNER LOCATION(S) FEES

Elm and Bridge Streets	\$500
<input checked="" type="checkbox"/> Elm and Pleasant Streets	\$500 *
Hanover and Chestnut Streets	\$125
Kelley and Dubuque Streets	\$125

In the area below, illustrate (or attached to this application) exactly how your banner will appear:

Signature of responsible party indicating that you have read the City of Manchester Municipal Banner Policy:

Name: Mackenzie Fraser Date: 12/16/15

Office Use Only

Date Received: 12/31/15 Committee Review: _____ Committee Action: _____
Insurance Carrier: SEE ATTACHMENT Fee Submitted: _____

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/27/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER BWD Group LLC 45 Executive Drive Plainview, NY 11803 516 327-2700	CONTACT NAME: PHONE (A/C, No, Ext): 516 327-2700 FAX (A/C, No): 516-327-2800 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: Federal Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	NAIC # 20281
INSURED Anschutz Manchester Hockey, LLC dba Manchester Monarchs 555 Elm Street Manchester, NH 03101		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC	X	73207408	01/01/2015	01/01/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$INCL in OCCUR MED EXP (Any one person) \$EXCLUDED PERSONAL & ADV INJURY \$1,000,000 agg GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					WC STATU-TORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Fire Damage Legal Liability is included in the Occurrence Limit. Policy includes a Combined Total Aggregate Limit of \$10,000,000. The City of Manchester is included as an additional insured in connection with banner displayed at 1200 Elm Street, Manchester, NH.

CERTIFICATE HOLDER

CANCELLATION

City of Manchester
1 City Hall Plaza
Manchester, NH 03101

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Stewart B. Carlkins

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